

APPENDIX D (REQUIRED FORMS)
EXHIBIT 1 (PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT)

Please complete, date and sign this form. The person signing the form must be authorized to sign on behalf of Proposer and to bind Proposer in a Contract.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

_____	_____	_____
Legal Name	State of Inc.	Year Inc.

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(ies) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Please specify the type of organization that appropriately characterizes your firm (i.e., public/government entity, non-profit, for-profit, etc.):

5. Is your firm wholly or majority owned by, or a subsidiary of, another firm? _____
If yes, please provide the following:

Name of parent firm: _____

State of Incorporation or registration of parent firm: _____

6. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____

7. Indicate whether your firm is involved in any pending acquisitions/mergers, including the associated company's name. If not applicable, indicate below.

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8. Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Qualifications stated in Paragraph 3.0 (Proposer's Minimum Mandatory Qualifications) of the solicitation document and as listed below:
- Proposer shall have the completed and signed Appendix D (Required Forms), Exhibit 1 (Proposer's Organization Questionnaire/Affidavit), acknowledging and certifying that it has met and will comply with all of the Minimum Mandatory Qualifications listed herein for Dietary Administrative Support Services (DASS) Program Services. Proposer's organization **must** be classified as one of the following: public/government entity, non-profit, or for-profit organization.
 - Proposer shall have a minimum of eight (8) consecutive years of experience, which shall include experience obtained within the past ten (10) years, providing DASS Program Services to Clients in Los Angeles County (or providing services which are substantially similar to those stated in Appendix A (Statement of Work), Paragraph 10.0 (Specific Work Requirements).
 - Proposer shall have an organization-wide cost allocation plan which adheres to the requirements outlined in Appendix P (Cost Allocation and Indirect Cost Requirements).
 - Proposer shall demonstrate its ability to provide a minimum of fifteen percent (15%) matching contributions toward the cost of providing Title III C-1, and Title III C-2 DASS Program Services.
 - Proposer must be able to provide DASS Program Services beginning July 1, 2016.
 - Proposer must currently have the following mandatory staff who meet all the requirements listed in Appendix A (Statement of Work) for DASS Program Services: Project Manager, Lead Registered Dietician (RD) for County AAA ENP, and five (5) Registered Dieticians (RD); one (1) RD to serve each of the five (5) Supervisorial Districts.
 - Proposer shall have the completed forms and documentation identified in Subparagraph 7.9.1.11 (Section H (Required Forms and Documentation)) of the solicitation document.
9. Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements are made in connection with this proposal, the proposal may be rejected. The evaluation and determination in this area shall be at County's sole judgment and such judgment shall be final.

Proposer's Acknowledgement

Proposer's Name

Primary Address

E-mail

Telephone Number

Internal Revenue Service Employer Identification
Number

California Business
License Number

County WebVen Number

DUNS Number

Proposer's Authorized Representative Certification

On behalf of Proposer identified above, I certify that I am Proposer's authorized representative and I further certify that the information contained in this Appendix D (Required Forms), Exhibit 1 (Proposer's Organization Questionnaire/Affidavit) is true and correct to the best of my knowledge and belief.

Name

Title

Signature

Date